

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE
						CLAIMS	
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	IND	DEP
1	1					51	
2	1					52	
3	2					53	
4	2					54	
5	(1)					55	
6	1					56	
7	0					57	
8	0					58	
9	1					59	
10	1					60	
11	(1)					61	
12	(1)					62	
13	(1)					63	
14	(1)					64	
15	(1)					65	
16						66	
17						67	
18						68	
19						69	
20						70	
21						71	
22						72	
23						73	
24						74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	1					TOTAL IND.	
TOTAL DEP.	16						
TOTAL CLAIMS	17						